

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 565348

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

12



	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.

1



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1

TOTAL DEP.

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TOTAL CLAIMS

12

